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PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 8734.207.00	
	In re Application of KI Bok PARK		
	Application Number 10/603,606		Filed June 26, 2003
	For: LIQUID CRYSTAL DISPLAY DEVICE HAVING VENTING PORTIONS IN SEAL PATTERN AND METHOD OF MANUFACTURING THE SAME		
	Art Unit 2871	Examiner Andrew M. Schechter	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |    |        |
|--|----|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))             | \$ |        |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | 450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))          | \$ |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))           | \$ |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))           | \$ |        |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number \_\_\_\_\_
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 53,005

August 9, 2005  
Date  
(202) 496-7500  
Telephone Number

Valerie P. Hayes  
Signature  
Valerie P. Hayes  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input checked="" type="checkbox"/> Total of 1 forms are submitted.
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